HAND DELIVERED

FEDERAL ELECTION
COMPHISSION
PUBLIC DISCLOSURE
DIVISION

2015 JAN 22 AM 10: 26

Believe Again 817 Slaters Ln Alexandria, VA 22314

January 21, 2015

Federal Election Commission 999 E St NW Washington, DC 20463

Re: Form 1, Statement of Organization - Unlimited Contributions

Melshit

To Whom it May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, inkind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Rolfe McCollister

Treasurer

1503-137-4204

FEC FORM 1

ORGANIZATION

RECEIVED 7

2015 JAN 22 AM 9: 18

			Office use only CENTER		
NAME OF COMMITTEE (in full)	(Check if name is changed)	e Example:If typing, type over the lines.	12FE4M5		
Believe Again	111111		111111111		
1					
	,817 Slaters Lane				
ADDRESS (number and street)	I I I I I I				
(Check if address is changed)					
•	Alexandria		VA 22314		
	CITY ▲		STATE ▲ ZIP CODE ▲		
COMMITTEE'S E-MAIL ADDRE	SS				
(Check if address is changed)	compliance@Belie	eveAgain.gop	<u> </u>		
	Optional Second E-Ma	ail Address			
(Check if address is changed) 2. DATE 01 2. DETE 01 01 01 01 01 01 01 01 01 0	D / / Y , V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
4. IS THIS STATEMENT X	NEW (N) O	PR AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Rolfe McCollister Signature of Treasurer Date Date Date					
Signature of Treasurer Date 01 21 2015					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use		For further information Federal Election Commis Toll Free 800-424-9530	contact: FEC FORM 1		

TYPE	OF C	OMMITTEE					
Cano		Committee:					
(a)	Trave	This committee is a principal campaign committee. (Complete the candidate information below.)					
(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Candid							
Candid Party	date Affiliation	Office State on Sought: House Senate President District					
(c)	• · · · · · · · · · · · · · · · · · · ·	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Candi							
Party	 y Con	nmittee:					
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.					
Polit	ical A	ction Committee (PAC):					
(e)	;	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
(0)	₹.						
		Corporation Corporation w/o Capital Stock Labor Organization					
		Membership Organization Trade Association Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	runc	draising Representative:					
(g)	• :	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number C					
	2.	FEC ID number C					
	3.	FEC ID number C					
	4.						

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Write or Type Committee Name	e	
Believe Again		
8. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
Mailing Address		
•		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representativ	e E Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the pers	on in possession of committee
Rolfe Mo	Collister	1
Full Name	.817 Slaters Lane	<u> </u>
Mailing Address		
		,22314
	Alexandria	22314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
8. Treasurer : List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; as assistant treasurer).	nd the name and address of
Full Name Rolfe McC	Collister	
	j817 Slaters Lane	
Mailing Address		<u></u>
	Alexandria	.22244
	Alexandrie VA CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	, 1-1 , , 1-1 , , , 1
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FEC Form 1 (R	Revised 02/2009)		Page 4
Full Name of Designated Agent			
Malling Address			
	CITY	STATE	ZIP CODE
Title or Position	Tel	ephone number	<u> </u>
Banks or Other Depo safety deposit boxes of Name of Bank, Depos		the committee deposits fu	nds, holds accounts, rents
Ch	ain Bridge Bank	<u> </u>	
Mailing Address	1445-A Laughlin Ave		
	McLean	L'A	22101
	CITY	STATE	ZIP CODE
Name of Bank, Depos	itory, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate ho	
	Date of Receipt
Hand Delivered	1/22/15
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
LICDO Deiavite Maril	Postmarked
USPS Priority Mail	
	Postmarked
USPS Priority Mail Express	
Postmark Illegible	
No Postmark	
Occaminht Delivery Coming (Conseils)	Shipping Date
Overnight Delivery Service (Specify):	
Next Business I	Day Delivery.
	Date of Receipt
Received from House Records & Registration Office	
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
A.	1/22/15
PREPARER (9/2012)	DATE PREPARED
(8/2013)	